

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27341

1. PLACE OF DEATH

County Platte
Township Carrule
City Platte (No. 1)

Registration District No. 696
Primary Registration District No. 5924

File No. 27
Registered No. 27
St. Platte Ward 1

2. FULL NAME

(a) Residence, No. RR #2 St. Platte Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Belle Smith
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-18-1859
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 9 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER

Jacob Paulson Boydston

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Platte County

12. MAIDEN NAME OF MOTHER

Sarah Ann Shepherd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

14.

INFORMANT Bert Boydston
(Address) Platte City Mo RR #2

15.

FILED Sept 25 1933 Mary B. Knight REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21st 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 21st 1933 to Aug 21st 1933
that I last saw him alive on Aug 21st 1933, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute dilatation of the heart
came on while cutting wood

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. L. Stinchman M. D.

, 19 33 (Address) Platte City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Platte City Missouri

DATE OF BURIAL

8-24 1933

20. UNDERTAKER

L. R. Rollins

ADDRESS

Platte City Mo

